



ISSN 2456-3110

Vol 9 · Issue 6

June 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

A review on Script & Languages in the Study of Medical Manuscripts

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ABSTRACT

India has a history of ancient medical science, which has been practiced for centuries. Practitioners around the world applied the same the fundamentals but had different perspectives. Some of these perspectives have been lined up in order to convey practitioners' experiences and recent discoveries. These can be found in several manuscripts from various parts of the world. India has a unique culture, language, and knowledge dating back to ancient times. Along with this, regional geographical variance throughout India results in a variety of scripts and languages. Every 50-100 kilometers, we notice dialects in the languages. The language we speak now evolved from ancient languages. The units represented by visual symbols in written form are referred to as script. To comprehend the content written in ancient manuscripts, one requires knowledge of the script and language.

Key words: Script, Languages, Medical Manuscript, ancient scripts

INTRODUCTION

The ancient scripts elevate its own field of study above all others since they include vast amounts of knowledge from several academic disciplines. Texts, which can be printed or handwritten, are used to convey these treasures of information to both scholars and the general public. We have been able to access such a wide body of literature, particularly the Vedic literature, through oral transmission from generation to generation because the Guru-Shishya-Parampara tradition involved learning from learned individuals.

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Submission Date: 16/04/2024 Accepted Date: 24/05/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: [10.21760/jaims.9.6.47](https://doi.org/10.21760/jaims.9.6.47)

The need to record their knowledge was later realized by the scholars.

The information was communicated orally. Considering that language is essentially an oral communication system. In the past, there was no means of disseminating ideas to individuals in other areas or preserving language-based expressions for the future. As a result, literature became an innovative necessity.

A manuscript is a handwritten work of great scientific, historical, or artistic importance that has been preserved on paper, bark, cloth, metal, stone, palm leaf, or any other material that dates back at least 75 years. Printed volumes and lithographs are not regarded as manuscripts.

Manuscripts about medicine can be found in hundreds of scripts and languages. Therefore, one must be familiar with the script, language, and medical terminology utilized in order to decipher the ancient wisdom of medical knowledge. Therefore, the information provided in the script can be understood more effectively by a medical practitioner who is familiar with the written script and its language.

Scripts

The units which are represented by visual symbols that can be words, syllables, or sounds. These graphic representations of language make up the script system. Exquisitely crafted engraved seals discovered in Harappan and Mohenjodaro imply that writing was a very ancient skill for the Indian people.

Bramhi is the oldest known Indian alphabet that has been deciphered; it may have originated in the seventh century B.C. The next Indian script to be deciphered in antiquity is called Kharoshti, and it dates back to approximately the fifth century B.C. While writing in the Bramhi script is done from left to right, writing in the Kharoshti script is done from right to left.

Scripts of all modern language except few like Urdu, are developments from Bramhi. Bramhi had regional variations even at the time of Ashoka- 1) Southern Bramhi and 2) Northern Bramhi.

1. Southern Bramhi

This group includes the Bramhi varieties found in the Deccan and southern parts of India. There are two main sections to it. 1) Deccan variety (Andhra script) 2) The Dravidi variety

1.1 Deccan variety: Deccan and the early Kalinga script - a kind of Dravidi script - are the ancestors of proto-Telugu-Kannada script. Proto-Telugu-Kannada script is the source of both Telugu and Kannada scripts.

1.2 Dravidi variety: It has two subdivisions,

1.2.1 Kalinga variety (Northern Dravidi)

1.2.2 Tamil cave Bramhi (Southern Dravidi)

- i. Vattezhuttu - Tamil & Malayalam Language
- ii. Tamil Script
- iii. Grantha Script - It was used to write Sanskrit Language in the entire Tamil Nadu and Kerala regions and also in Tulunadu region of Karnataka.

2. Northern Bramhi

From the Asoka period to the later Mauryan period and back to the Gupta dynasty, the Bramhi script saw more growth. It is common to refer to the Bramhi of the Gupta era as Gupta characters. There are two main sections within it. 1) Eastern diversity 2) The Western variant

2.1 Eastern variety: It is divided into two more categories: eastern and western. The Siddhamatraka form, which has since developed into Kaithi and Kutilalipi, is the western variant. Nagari script is further originated by Kutilalipi. The script Nagari is categorized as

2.1.1 Eastern (Purvanagari)

2.1.2 Western (Ardhanagari)

2.1.3 Central (Devanagari)

2.1.4 Southern (Nandinagari)

Rajasthani, Mahajani and Gujarati are originated from Devanagari script. Modi the script of Marathi language has close affinity with both Nandinagari and Devanagari script.

2.2 Western variety: It has evolved into, Sarada, Nakari, Landa and Gurumukhi scripts.

Language

Each of the numerous national languages of India has its own script. A language and a script are different in that a language can be written in more than one script, and a script can be used to write more than one language. Sanskrit and Prakrit were the languages spoken in North India in the past. As early as 2000 BCE, the elite spoke Sanskrit, while the rest of society spoke Prakrit. Sanskrit and Prakrit were both written in distinct scripts in various locations and eras.

Most of the manuscripts are found in following languages,

- a) Sanskrit, Bramhi, Pali, Prakrit, Burmese, Sinhalese and Tibetan
- b) Hindi and national Languages of India including Nepalese and Newari

c) Urdu, Arabic, Persian

One of the main classical languages of ancient India was Sanskrit. Sanskrit works can be found in many Buddhist, Jain, Hindu, and other religious writings. The majority of us are now familiar with Sanskrit written in Devanagari script, which is also used for modern vernaculars like Hindi and Nepali. However, it has also been discovered that Sanskrit writings have been written in other scripts, such as Kashmiri Sharada script and Southern Indian Grantha script.

Evolution of Sanskrit

Sanskrit is an old and traditional Indian language that was used to produce the world's first book, the Rigveda. Scholars have dated the Vedas from 6500 to 1500 B.C. Prior to it, the Sanskrit language must have grown to the point of being expressive. It is assumed that the language used in the Vedas was widely spoken in several dialects. It was somewhat different from today's Sanskrit. It is referred to as Vedic Sanskrit. Each Veda had its own grammar book, called Pratisakhya. The Pratisakhya explained word formation and other grammatical points.

Later, several schools of grammar emerged. During this time, a huge literature emerged, including the Vedas, Brahmana-Granthas, Aranyakas, Upanishads, and Vedangas, all of which were written in Vedic Sanskrit.

Panini (500 B.C.) was a significant milestone in the development of the Sanskrit language. He authored the master book of grammar known as Ashtadhyayi, which served as a beacon for the subsequent period, after consulting roughly 10 grammar schools that were popular at the time. Panini's linguistic system was used in both literary and spoken Sanskrit. Today, the correctness of the Sanskrit language is measured against Panini's Ashtadhyayee.

Medical Manuscripts

The ancient knowledge of medicine is buried in the form of manuscripts, and it has been practiced for centuries by practitioners from a range of the world and time periods, all centered on the same fundamental tenets imparted by sages. The number and types of diseases, pharmaceuticals, methods of

administration, and treatment regimens have been updated and developed across an array of centuries, and they have all been documented by scholarly physicians. However, this knowledge of Ayurveda and ancient Indian medicine is codified in multiple scripts and languages in the form of manuscripts, which are scattered.

In the beginning, Sanskrit experts rarely recorded anything on their own because there was a tradition of verbal information transmission. To transcribe the text into writing, they had to hire expert Scribes. Most scribes were not scholars, therefore they relied primarily on their ears to hear and transcribe whatever scholars communicated to them. This may have resulted in certain distortions in writing. Unfortunately, many of the manuscripts were misplaced, lost, or unrecognized by the authors' predecessors due to a lack of understanding of their significance, improper preservation, and disorganized recordkeeping. The Indian medical tradition contains the biggest collection of medical manuscripts. India is expected to have approximately 200,000 subjects, with 100,000 being unique.

Collection of manuscript

Manuscript collections can be found at palaces, Jhamindar's mansions, temples, monasteries, and the homes of priests, astrologers, traditional architects, and traditional vaidyas. As the importance of the Sanskrit language grew, its relationship with other European languages piqued the curiosity of westerners, who became active participants in the study of Sanskrit and, as a result, Ayurveda.

In 1890, Theoder Aurflecht began compiling a definitive inventory of all Sanskrit manuscripts in public collections, known as 'catalogorum'. In 1937, the University of Madras began work on the 'New Catalogues Catalogorum' of all Sanskrit manuscripts in public collections around the world, collecting 394 catalogues. The National Mission for Manuscripts has decided to continue its relationship with the University of Madras.

The late Dr. D.V.Subba Reddy, the founder director of the Indian Institute of History of Medicine (CCRAS),

Hyderabad, began in 1958 to catalogue the exclusive Indian medical literature entitled, 'A Checklist of Sanskrit Medical Manuscripts in India,' which was the first work of its kind in the world and was published in 1972 with only 1082 titles.

Types of Medical Manuscripts

In India the subject of medical manuscripts relates to the following few categories of ancient art of healing.

1. Ayurveda - spread all over the India since antiquity and world
2. Siddha - confined to South India
3. Gso-rig-pa - Confined to Tibetan Plateau
4. Unani-Tibb-Greeco - Arabian system of medicine came to India along with Muslim rulers and become the integral part of Indian system of Medicine

Thus, this vast literature is unexplored, thus it requires thorough study. The medical literature source may be grouped broadly under the following,

- a) Manuscripts on Ayurveda and allied subjects
- b) Medical literature
- c) Non-medical literature
- d) Inscriptions
- e) travelogues

As a result, there is adequate opportunity to conduct comprehensive research on the writings implementing the established protocol. The collected manuscripts should be carefully examined, cataloged, and edited before publication. Medical information obtained from non-medical literature should be investigated, as well as its context.

Strategy

Numerous manuscripts in both Sanskrit and local languages exist; they are readable and in good form, but they have not yet been published. Action needs to be made in order to modify and publish their study. The upcoming projects will be very helpful in supporting the research researchers.

1. An Inventory of Medical Manuscripts is of basic importance for the scholars for further research in the present scientific scenario.
2. Critical editions of valuable and popular works like Brhattraï (Caraka Samhita, Suśruta Samhita and Vāgbhatta), Laghutrayī (Mādhava Nidāna, Sārangadhara Samhitā and Bhāva Prakāśa), Lōlimbarājīyam etc. should be edited and published authentic editions.
3. Concordance of important works to be published.
4. Dictionary of Ayurvedic terms used in different classics, minor works of different periods with references.
5. A detailed survey and scrutiny of the manuscripts would help to throw light on the history of Ayurvēda and its developments through various periods.
6. The scientific documentation will help to prevent from patenting ancient Indian healing art by other countries.
7. Efforts are to be initiated to procure manuscripts from private collections.
8. Ignorant inheritors of valuable manuscripts are to be motivated and educated for the proper utilization.
9. Digitalization of the manuscripts and creation of a Central Data-Bank for accession for researchers.
10. Providing training to technical persons (Ayurvēda) in deciphering of the texts, different scripts, preservation etc. in the Institutions/Organizations, where the highly professionals in the field with modern gadgets are available.
11. Multidisciplinary research should be carried in the study of manuscripts for validating the old concepts, drugs, diseases, and methods of treatment on the basis of modern science.
12. Workshops and campaigns may be organized for acquainting with the experts for knowledge application to update.

Constraints

To know the issues involved in the study of manuscripts, it is necessary to know the sources of the records/documents for the knowledge of historical development and the changes and improvements in the science relating to drugs, diseases, methods of treatment and so on.

1. Study of manuscripts is quite different from other fields of research in Ayurveda.
2. Problem of handling since the manuscripts are centuries old.
3. Most of the information and conclusions will depend upon on the perfect understanding of the language & script and its interpretation of the individual scholar.
4. Interpretations or views may differ from scholar to scholar.
5. Scholar should satisfy about the authenticity of the information of the manuscript.
6. Problem of deciphering.
7. Drugs & diseases mentioned in the manuscripts vary from region to region.
8. The interpretation of the information without knowing the technical terms and perfectly the language of the script may mislead the Scholar for understanding the right context
9. Identification of nomenclature of drugs, diseases transformed or substituted during the course of time.
10. Retrieval of lost folios may abrupt the study.
11. Faded/torn/insect bitten folios may need special attention for right understanding.
12. Private possessors may not be willing to part with their manuscripts.

DISCUSSION

Future research endeavors in this field could focus on several aspects. Firstly, delving deeper into specific medical texts written in Sanskrit and various scripts to unearth hidden gems of knowledge that could

potentially inform modern medical practices. Secondly, exploring interdisciplinary approaches knowledge with contemporary medical science to identify synergies and areas for collaboration. Additionally, efforts should be made to digitize and catalog existing manuscripts to make them more accessible to scholars worldwide, thereby fostering international collaboration and research.

Furthermore, comparative studies could be undertaken to analyze similarities and differences between Indian medical practices and those of other ancient civilizations, shedding light on the global evolution of medical science. Lastly, initiatives aimed at preserving and promoting the study of Sanskrit and diverse scripts should be encouraged to ensure the continued availability and relevance of these invaluable sources of knowledge for future generations.

CONCLUSION

In conclusion, the importance of Sanskrit language and various scripts in the study of Indian medical manuscripts cannot be overstated. Through centuries, these manuscripts have served as invaluable repositories of medical knowledge, offering insights into traditional Indian medical practices, treatments, and philosophies. The preservation and thorough understanding of these texts not only enrich our understanding of ancient medical practices but also provide potential avenues for modern medical research and innovation. By recognizing the significance of Sanskrit and diverse scripts in accessing this wealth of knowledge, scholars and researchers can contribute to the continued advancement of medical science while honoring India's rich cultural heritage.

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How to cite this article: Prarabdha Phating, Brijesh Mishra. A review on Script & Languages in the Study of Medical Manuscripts. J Ayurveda Integr Med Sci 2024;6:293-298.

<http://dx.doi.org/10.21760/jaims.9.6.47>

Source of Support: Nil, **Conflict of Interest:** None declared.
